## Ç) No. and rd C) co . m C

### **FEC FORM 2 STATEMENT OF CANDIDACY**

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 JAN -9 PM 4: 49

(a) Name of Candidate (in full)					· · · · · · · · · · · · · · · · · · ·	
Lateresa Ann Jones						
(b) Address (number and street) P.O. Box 454				2. FEC Candidate Identification Number c00552711		
(c) City, State, and ZIP Code Havana, FL 32333			3. Is This Statement	New (N) OR	Amended (A)	
Party Affiliation     Republican	5. Office Sought U.S. Senate	6. State & Dist FL 00	rict of Candidate			
D	ESIGNATION OF PRINC	IPAL:CAMPAIGI	N COMMITTE	E	ŧ	
7. I hereby designate the following na	amed political committee as my Pri	ncipal Campaign Comr	nittee for the 2018	electio	n(s).	
NOTE: This designation should be	•			of election)		
	med with the appropriate office no	teo in alc mondellorio.				
(a) Name of Committee (in full)	f110 0	.1.				
Lateresa Jones	for U.S. Sena	ate				
(b) Address (number and street)						
P.O. Box 454						
(c) City, State, and ZIP Code						
Havana, FL 32	333				,	
I hereby authorize the following na candidacy.  NOTE: This designation should be	med committee, which is NOT my		·	and expend funds o	on behalf of my	
(a) Name of Committee (in full)						
(,,						
(b) Address (number and street)						
(c) City, State, and ZIP Code						
•						
	7				<del></del>	
	amined this Statement and to the b	est of my knowledge a	<del></del>	correct and comple	ete.	
Signature of Capididate  Aleresa	Jones .		Date /2/18/	2017		
NOTE: Submission of false, erroneou	s, or incomplete information may s	ubject the person signi	ng this Statement to	o penalties of 52 U.	S.C. §30109.	
		·				
9-00068					: FORM 2 (REV 02/200	

# cn st Tacoczoc -5 (1) ¢¢ in m

FEC Form 2\$ (Revised 02/2017)

#### **Optional Supplemental Page for Designation** of Additional Authorized Committees

Page	 of	

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
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	(b) Address (number and street)					
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	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					



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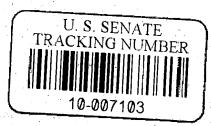
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### United States Senate

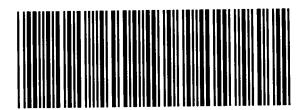
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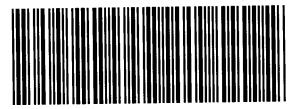
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